

REPLACEMENT MAIL BALLOT REQUEST

I, _____(print name), do hereby request a replacement ballot for the mail ballot election to be held _____ day of _____, 20____, in _____ County, State of Montana, for the following reason (check one):

I did not receive the ballot mailed to me.

The ballot mailed to me has been:

spoiled	damaged
lost	destroyed

I hereby certify, under penalty of law, that the above information is true and correct, and that I understand attempting to vote more than once in any election is a violation of Montana election law.

Signature of voter _____

Address of voter _____

The above named individual has sworn and subscribed before me that the information is true and correct, and the voter has been issued a replacement ballot pursuant to **13-19-305, MCA**.

Signature of officer issuing oath _____

Position of officer issuing oath _____

DATED this _____ day of _____, 20____.

(If notarized, include the following information.)

STATE OF MONTANA)
County of _____) ss.
_____)

Signed and sworn to (or affirmed) before me this _____ day of _____, 20____.

by _____(name of applicant).

(SEAL)

(Signature of Notary Public of the State of Montana)

(Title and Rank)

Residing at: _____

My Commission Expires: _____

Signature of Election Administrator